

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Millard for Congress

ADDRESS (number and street)

PO Box 1074

Check if different
than previously
reported. (ACC)

Tryon

NC

28782

2. FEC IDENTIFICATION NUMBER ▼

C

C00573592

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

NC

10

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the
State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y

07 / 01 / 2015

through

M M / D D / Y Y Y Y

09 / 30 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Lori Walter

Signature of Treasurer

Lori Walter

[Electronically Filed]

Date

M M / D D / Y Y Y Y

10 / 14 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Millard for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	8054.86	65062.94
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	8054.86	65062.94
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	17632.04	17632.04
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	17632.04	17632.04
8. Cash on Hand at Close of Reporting Period (from Line 27).....	10692.22	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 22

Write or Type Committee Name

Millard for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

5700.00

54287.60

(ii) Unitemized.....

2354.86

10775.34

(iii) TOTAL of contributions from individuals ▶

8054.86

65062.94

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

8054.86

65062.94

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

438.77

438.77

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

8493.63

65501.71

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 22

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	17632.04	17632.04
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	17632.04	17632.04

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	19830.63
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	8493.63
25. SUBTOTAL (add Line 23 and Line 24).....	28324.26
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	17632.04
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	10692.22

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: F3A
Transaction ID :

Change cycle from 2015 to 2016 on all disbursements and donations. 2015 is wrong year.

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 22

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Millard for Congress

Full Name (Last, First, Middle Initial)

Jay Adams

Mailing Address 183 Summer Ln

City

Mill Spring

State

NC

Zip Code

28756-7701

FEC ID number of contributing
federal political committee.

C

Name of Employer

retired

Occupation

retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		18		2015

Transaction ID : VPFGZFYWWY4

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Shirely Axtell

Mailing Address 615 Laurel Lake Dr
A-103

City

Columbus

State

NC

Zip Code

28722-7424

FEC ID number of contributing
federal political committee.

C

Name of Employer

retired

Occupation

retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		04		2015

Transaction ID : VPFGZFYWX59

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Neal Barton

Mailing Address 711 Mountain Laurel Dr

City

Columbus

State

NC

Zip Code

28722-4444

FEC ID number of contributing
federal political committee.

C

Name of Employer

retire

Occupation

retire

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		14		2015

Transaction ID : VPFGZFYWX42

Amount of Each Receipt this Period

200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

700.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Millard for Congress

A. Full Name (Last, First, Middle Initial)
Joey Cabaniss

Mailing Address 594 Country Club Rd

City Tryon State NC Zip Code 28782-8603

FEC ID number of contributing federal political committee. **C**

Name of Employer Polk County Occupation Real Property Appraiser

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt

M M / D D / Y Y Y Y
07 / 30 / 2015

Transaction ID : VPFZFYX283

Amount of Each Receipt this Period

250.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Ruth Currie

Mailing Address PO Box 147

City Montreat State NC Zip Code 28757-0147

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date 200.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 21 / 2015

Transaction ID : VPFZFYWWS5

Amount of Each Receipt this Period

200.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
David Draughn

Mailing Address 108 W End St SW

City Valdese State NC Zip Code 28690-2670

FEC ID number of contributing federal political committee. **C**

Name of Employer Town of Long View Occupation Public Works Director

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date 250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 26 / 2015

Transaction ID : VPFZFYWWQ9

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

700.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 22

☒ 11a 12 ☐ 11b 13a ☐ 11c 13b ☐ 11d 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Millard for Congress

A. Full Name (Last, First, Middle Initial)
Linda Furr

Mailing Address 11 Wakefield Dr
Apt 2208

City Asheville State NC Zip Code 28803-4155

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 10 / 2015

Transaction ID : VPFZFYWZT9

Amount of Each Receipt this Period

200.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Linda Greensfelder

Mailing Address 1876 Lake Adger Pkwy

City Mill Spring State NC Zip Code 28756-4725

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 10 / 2015

Transaction ID : VPFZFYWZX3

Amount of Each Receipt this Period

200.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Curtis Hayes

Mailing Address 147 Spring Hill Ln

City Mill Spring State NC Zip Code 28756-6841

FEC ID number of contributing federal political committee. **C**

Name of Employer retired Occupation retired

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 01 / 2015

Transaction ID : VPFZFYWXB7

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 22

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Millard for Congress

A. Full Name (Last, First, Middle Initial)
Curtis Hayes

Mailing Address 147 Spring Hill Ln

City State Zip Code
Mill Spring NC 28756-6841

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
retired retired

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2015

Transaction ID : VPFZFYWXK0

Amount of Each Receipt this Period

100.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Kirsten Hines

Mailing Address 260 Crandon Blvd
Ste 32 #190

City State Zip Code
Key Biscayne FL 33149

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Kirsten Nature Travel Writer & Photographer

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2015

Transaction ID : VPFZEG1NC6

Amount of Each Receipt this Period

500.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Joyce Holfeld

Mailing Address 902 Scotch Dr

City State Zip Code
Gastonia NC 28054-5757

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Retired Foreign Service Officer

Receipt For: 2016
☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2015

Transaction ID : VPFZFYWXY5

Amount of Each Receipt this Period

200.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

800.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 22

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Millard for Congress

Full Name (Last, First, Middle Initial)

A. John Robertson

Mailing Address 110 Tuck Ct

City

Red Springs

State

NC

Zip Code

28377-1258

FEC ID number of contributing
federal political committee.

C

Name of Employer

John's Fuel Service

Occupation

Petroleum Distribution

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 25 / 2015

Transaction ID : VPFGZFYWYQ2

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Olin Bennett Sansbury

Mailing Address 55 First St

City

Tryon

State

NC

Zip Code

28782-3488

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 04 / 2015

Transaction ID : VPFGZFYX0J9

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Daniel SatchkovMailing Address 1010 166 street
apt 7D

City

New York

State

NY

Zip Code

11357

FEC ID number of contributing
federal political committee.

C

Name of Employer

RiXtrema

Occupation

President

Receipt For: 2016



Primary



General



Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 05 / 2015

Transaction ID : VPFGZE8XHK8

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....

2000.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 22

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)
Millard for Congress

Full Name (Last, First, Middle Initial)

Wes Sessoms

Mailing Address 60 Mallard Dr

City

Tryon

State

NC

Zip Code

28782

FEC ID number of contributing
federal political committee.

C

Name of Employer
self employedOccupation
self employed

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2015

Transaction ID : VPFGZFYWZK4

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Lawrence E Thompson III

Mailing Address 47 Bell Rd

City

Asheville

State

NC

Zip Code

28805-1537

FEC ID number of contributing
federal political committee.

C

Name of Employer
retiredOccupation
retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2015

Transaction ID : VPFGZEF50J7

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Lawrence E Thompson III

Mailing Address 47 Bell Rd

City

Asheville

State

NC

Zip Code

28805-1537

FEC ID number of contributing
federal political committee.

C

Name of Employer
retiredOccupation
retired

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2015

Transaction ID : VPFGZFYWZP7

Amount of Each Receipt this Period

300.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

700.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 22

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Millard for Congress

Full Name (Last, First, Middle Initial)

A. Hugh T Wallace

Mailing Address 4064 Fairway Lakes Dr

City

Myrtle Beach

State

SC

Zip Code

29577-5924

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Carolina Public Schools (Retired)

Occupation

Retired Principal

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		11		2015

Transaction ID : VPFGZEEXR39

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Hugh T Wallace

Mailing Address 4064 Fairway Lakes Dr

City

Myrtle Beach

State

SC

Zip Code

29577-5924

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Carolina Public Schools (Retired)

Occupation

Retired Principal

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		11		2015

Transaction ID : VPFGZETGZP7

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hugh T Wallace

Mailing Address 4064 Fairway Lakes Dr

City

Myrtle Beach

State

SC

Zip Code

29577-5924

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Carolina Public Schools (Retired)

Occupation

Retired Principal

Receipt For: 2016

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		11		2015

Transaction ID : VPFGZFCSKF5

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

300.00

5700.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 22

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Millard for Congress

Full Name (Last, First, Middle Initial)

A. Allied Shirts

Mailing Address 11525A Stonehollow Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		03		2015

City	State	Zip Code
Austin	TX	78758-3213

Amount of Each Disbursement this Period

Purpose of Disbursement
purchase of t-shirts, fleece, hats

006

910.41

Candidate Name

☐ Memo Item

Transaction ID : VPEHQA02DG5

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

B. Charter Communications

Mailing Address PO Box 742614

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		13		2015

City	State	Zip Code
Cincinnati	OH	45274-2614

Amount of Each Disbursement this Period

Purpose of Disbursement
internet

001

64.98

Candidate Name

☐ Memo Item

Transaction ID : VPEHQ9ZFP82

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial)

c. Charter Communications

Mailing Address PO Box 742614

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		03		2015

City	State	Zip Code
Cincinnati	OH	45274-2614

Amount of Each Disbursement this Period

Purpose of Disbursement
internet/phone

001

129.96

Candidate Name

☐ Memo Item

Transaction ID : VPEHQ9ZFQ43

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

1105.35

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 22

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Millard for Congress

Full Name (Last, First, Middle Initial)

A. Charter Communications

Mailing Address PO Box 742614

City	State	Zip Code
Cincinnati	OH	45274-2614

Purpose of Disbursement
phone/internet

001

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		31		2015

Amount of Each Disbursement this Period

116.41

☐ Memo Item

Transaction ID : VPEHQA02DP2

B. Dr. Don's Buttons, Badges & Magnets

Mailing Address 3906 W Morrow Dr

City	State	Zip Code
Glendale	AZ	85308-7531

Purpose of Disbursement
palm cards and business cards

001

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		10		2015

Amount of Each Disbursement this Period

593.44

☐ Memo Item

Transaction ID : VPEHQ9ZFQ19

C. Dr. Don's Buttons, Badges & Magnets

Mailing Address 3906 W Morrow Dr

City	State	Zip Code
Glendale	AZ	85308-7531

Purpose of Disbursement
palm cards

004

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		29		2015

Amount of Each Disbursement this Period

605.53

☐ Memo Item

Transaction ID : VPEHQA02DJ1

SUBTOTAL of Disbursements This Page (optional).....

1315.38

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 22

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Millard for Congress

Full Name (Last, First, Middle Initial)

A. Feagan Law Firm PLLC

Mailing Address 60 Walker St

City	State	Zip Code
Columbus	NC	28722-7497

Purpose of Disbursement
rent

001

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		13		2015

Amount of Each Disbursement this Period

200.00

☐ Memo Item

Transaction ID : VPEHQ9ZF40

B. Feagan Law Firm PLLC

Mailing Address 60 Walker St

City	State	Zip Code
Columbus	NC	28722-7497

Purpose of Disbursement
rent

001

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		10		2015

Amount of Each Disbursement this Period

200.00

☐ Memo Item

Transaction ID : VPEHQ9ZF51

C. Feagan Law Firm PLLC

Mailing Address 60 Walker St

City	State	Zip Code
Columbus	NC	28722-7497

Purpose of Disbursement
rent

001

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		05		2015

Amount of Each Disbursement this Period

200.00

☐ Memo Item

Transaction ID : VPEHQA02DQ0

SUBTOTAL of Disbursements This Page (optional).....

600.00

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 22

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Millard for Congress

Full Name (Last, First, Middle Initial)

A. Bridget McCurry

Mailing Address 113 Quail Hollow Rd

City	State	Zip Code
Hendersonville	NC	28739-8958

Purpose of Disbursement
volunteer coordinator fee

001

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate	
	President	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		10		2015

Amount of Each Disbursement this Period

867.00

☐ Memo Item

Transaction ID : VPEHQ9Z5YA6

B. Andy Millard

Mailing Address 69 Oak Ridge Cir

City	State	Zip Code
Columbus	NC	28722-4431

Purpose of Disbursement
office supplies

001

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate	
	President	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2015

Amount of Each Disbursement this Period

264.79

☐ Memo Item

Transaction ID : VPEHQ9ZFNW7

c. Staples

Mailing Address 129 Plaza Dr

City	State	Zip Code
Forest City	NC	28043-3711

Purpose of Disbursement
office supplies

001

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate	
	President	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		17		2015

Amount of Each Disbursement this Period

264.79

☒ Memo Item

Transaction ID : VPEHQ9ZFNZ0

*

SUBTOTAL of Disbursements This Page (optional).....

1131.79

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 22

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Millard for Congress

Full Name (Last, First, Middle Initial)

A. NationBuilder

Mailing Address 520 South Grande Ave

City	State	Zip Code
Los Angeles	CA	90005

Purpose of Disbursement
monthly fee

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		31		2015

Amount of Each Disbursement this Period

29.00

☐ Memo Item

Transaction ID : VPEHQ9ZFPW0

B. NationBuilder

Mailing Address 520 South Grande Ave

City	State	Zip Code
Los Angeles	CA	90005

Purpose of Disbursement
monthly fee

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		31		2015

Amount of Each Disbursement this Period

29.00

☐ Memo Item

Transaction ID : VPEHQ9ZQJT7

C. NationBuilder

Mailing Address 520 South Grande Ave

City	State	Zip Code
Los Angeles	CA	90005

Purpose of Disbursement
one year of service

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

Amount of Each Disbursement this Period

261.00

☐ Memo Item

Transaction ID : VPEHQA02DM7

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

319.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 22

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Millard for Congress

Full Name (Last, First, Middle Initial)

A. NGP VAN, Inc.Mailing Address 1101 15th St NW
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement
3 months

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
08	11	2015

Amount of Each Disbursement this Period

2100.00

☐ Memo ItemTransaction ID : VPEHQ9ZFQA0
through October**B. Kendra D. Penland, MPA**

Mailing Address 14 Pleasant Ridge Dr

City Asheville State NC Zip Code 28805-2623

Purpose of Disbursement
retainer

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
07	08	2015

Amount of Each Disbursement this Period

1500.00

☐ Memo ItemTransaction ID : VPEHQ9ZFNE6
consultant**C. Williford Smith**

Mailing Address Unknown

City Asheville State NC Zip Code 28801

Purpose of Disbursement
6 laptops

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
07	02	2015

Amount of Each Disbursement this Period

900.00

☐ Memo ItemTransaction ID : VPEHQ9ZFN06
reconditioned**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

4500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 22

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Millard for Congress

Full Name (Last, First, Middle Initial)

A. Staples

Mailing Address 129 Plaza Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		11		2015

City	State	Zip Code
Forest City	NC	28043-3711

Amount of Each Disbursement this Period

55.77

Purpose of Disbursement
office supplies

001

☐ Memo Item

Candidate Name

Category/
Type

Transaction ID : VPEHQ9ZFQB8

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. Sustainable Impact, LLC

Mailing Address PO Box 133

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		02		2015

City	State	Zip Code
Kure Beach	NC	28449-0133

Amount of Each Disbursement this Period

3000.00

Purpose of Disbursement
june consulting fee

001

☐ Memo Item

Candidate Name

Category/
Type

Transaction ID : VPEHQ9Z08E0

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

c. Sustainable Impact, LLC

Mailing Address PO Box 133

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		02		2015

City	State	Zip Code
Kure Beach	NC	28449-0133

Amount of Each Disbursement this Period

802.69

Purpose of Disbursement
travel expenses

001

☐ Memo Item

Candidate Name

Category/
TypeTransaction ID : VPEHQ9Z08H3
fundraising firm

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

3858.46

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 22

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Millard for Congress

Full Name (Last, First, Middle Initial)

A. Sustainable Impact, LLC

Mailing Address PO Box 133

City	State	Zip Code
Kure Beach	NC	28449-0133

Purpose of Disbursement
5/1/15 to 6/30/15 commission

001

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		02		2015

Amount of Each Disbursement this Period

2969.55

☐ Memo Item**Transaction ID : VPEHQ9Z08N5**
fundraising firm

Full Name (Last, First, Middle Initial)

B. TD Bank

Mailing Address 936 S Trade St

City	State	Zip Code
Tryon	NC	28782-3722

Purpose of Disbursement
merchant fees

003

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		02		2015

Amount of Each Disbursement this Period

273.48

☐ Memo Item**Transaction ID : VPEHQ9YZZJ2**

Full Name (Last, First, Middle Initial)

c. TD Bank

Mailing Address 936 S Trade St

City	State	Zip Code
Tryon	NC	28782-3722

Purpose of Disbursement
merchant fees

001

Candidate Name

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		02		2015

Amount of Each Disbursement this Period

237.48

☐ Memo Item**Transaction ID : VPEHQ9ZFMV6**
monthly**SUBTOTAL** of Disbursements This Page (optional).....

3480.51

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 22

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Millard for Congress

Full Name (Last, First, Middle Initial)

A. TD Bank

Mailing Address 936 S Trade St

Date of Disbursement

M M	D D	Y Y Y Y
07	31	2015

City	State	Zip Code
Tryon	NC	28782-3722

Amount of Each Disbursement this Period

Purpose of Disbursement
maintenance fee

001

8.00

Candidate Name

☐ Memo Item

Transaction ID : VPEHQ9ZFPY5

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

B. TD Bank

Mailing Address 936 S Trade St

Date of Disbursement

M M	D D	Y Y Y Y
08	03	2015

City	State	Zip Code
Tryon	NC	28782-3722

Amount of Each Disbursement this Period

Purpose of Disbursement
merchant fees

001

135.59

Candidate Name

☐ Memo Item

Transaction ID : VPEHQ9ZFPZ3

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C. TD Bank

Mailing Address 936 S Trade St

Date of Disbursement

M M	D D	Y Y Y Y
08	31	2015

City	State	Zip Code
Tryon	NC	28782-3722

Amount of Each Disbursement this Period

Purpose of Disbursement
maintenance fee

001

8.00

Candidate Name

☐ Memo Item

Transaction ID : VPEHQ9ZQJV5

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

151.59

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 22

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Millard for Congress

Full Name (Last, First, Middle Initial)

A. TD Bank

Mailing Address 936 S Trade St

City	State	Zip Code
Tryon	NC	28782-3722

Purpose of Disbursement
merchant fees

001

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		01		2015

Amount of Each Disbursement this Period

8.24

☐ Memo Item

Transaction ID : VPEHQ9ZQGM6

B. TD Bank

Mailing Address 936 S Trade St

City	State	Zip Code
Tryon	NC	28782-3722

Purpose of Disbursement
maintenance fee

001

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

Amount of Each Disbursement this Period

8.00

☐ Memo Item

Transaction ID : VPEHQA02DK9

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For:
	Senate	
	President	
		<input type="checkbox"/> Primary <input type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
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Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....

16.24

TOTAL This Period (last page this line number only).....

16478.32